ENTRANCE PHYSICAL STANDARDS BOARD (EPSBD) PROCEEDINGS DATE				
1. NAME OF SERVICE MEMBER (Last, First, MI)		2. SSN	3. GRADE	
4. MEDICAL TREATMENT FACILITY	5. COMPONENT	6. ORGANIZATIO	7. DATE ENTERED CURR TOUR OF AD	
FIN	DINGS BY THE EVA	ALUATING PHYSICIANS	l	
8. After careful considerations of medical records, labora unfit for appointment or enlistment in accordance with cuexisted prior to service. The member has the following resisted prior to service.	atory, findings, and me	ALUATING PHYSICIANS edical examinations, the board standards and in the opinion of d/or physical defects (brief name)	inds that the service member was medically the evaluating physicians the condition(s) ative summary).	
9. STATE PROFILE AND ASSIGNMENT LIMITATIONS				
10. TYPED NAME, GRADE & SPECIALTY OF PHYSICIAN(S)/DENTIST(S)	11. SIGNATURE	S)	
ΔΓΊ	TON BY MEDICAL A	PPROVING ALITHORITY		
ACTION BY MEDICAL APPROVING AUTHORITY 12. THE FINDINGS ARE				
		on section on reverse. Identify by		
13. TYPED NAME, GRADE & TITLE OF MEDICAL APPROVI	NG AUTHORITY	14. SIGNATURE	15. DATE	

16. TO (Commander of Service Member)	17. FROM (MTF Commander)			
FORWARDED FOR NECESSARY MEMBER				
18. TYPED NAME, GRADE & TITLE OF MTF COMMANDER	19. SIGNATURE	20. DATE		
ACTION BY S	ERVICE MEMBER			
		A ia aailabla ta		
21. I have been informed of the medical findings. Additionally, I understant that I may consult civilian counsel at my own expense. I also understant request retention on active duty. If retained, I my be involuntarily reclass condition.	I that I may request to be discharged from the US A	Army without delay or to		
I concur with these proceedings and request to be discharge	d from the US Army without delay.			
I concur with these proceedings and request that I be retained on active duty.				
I disagree with these proceedings because my condition did and request my case be returned to the medical approving a	not exist prior to service (specified medical evidend uthority for reconsideration.	ce is attached)		
I disagree with these proceedings because my condition was not disqualifying on entry and was aggravated by service (specific medical evidence is attached) and request my case be returned to the medical approving authority for reconsideration.				
22. TYPED NAME, & GRADE OF SERVICE MEMBER	23. SIGNATURE	24. DATE		
ACTION BY U	INIT COMMANDER			
25. RECOMMEND SERVICE MEMBER BE DISCHARGED/SEPARA				
SERVICE MEMBER BE RETAINED.				
CASE BE RETURNED TO THE ME	EDICAL APPROVING AUTHORITY.			
26. TYPED NAME, GRADE & TITLE	27. SIGNATURE	28. DATE		
A OTTON DV DVO				
29. SERVICE MEMBER WILL BE	CHARGE AUTHORITY			
29. SERVICE MEMBER WILL BE DISCHARGED/SEPARATED FROM THE ARMY. RETAINED ON ACTIVE DUTY.				
30. TYPED NAME, GRADE & TITLE	31. SIGNATURE	32. DATE		
CONTINUATION (Identify each continued item by number)				